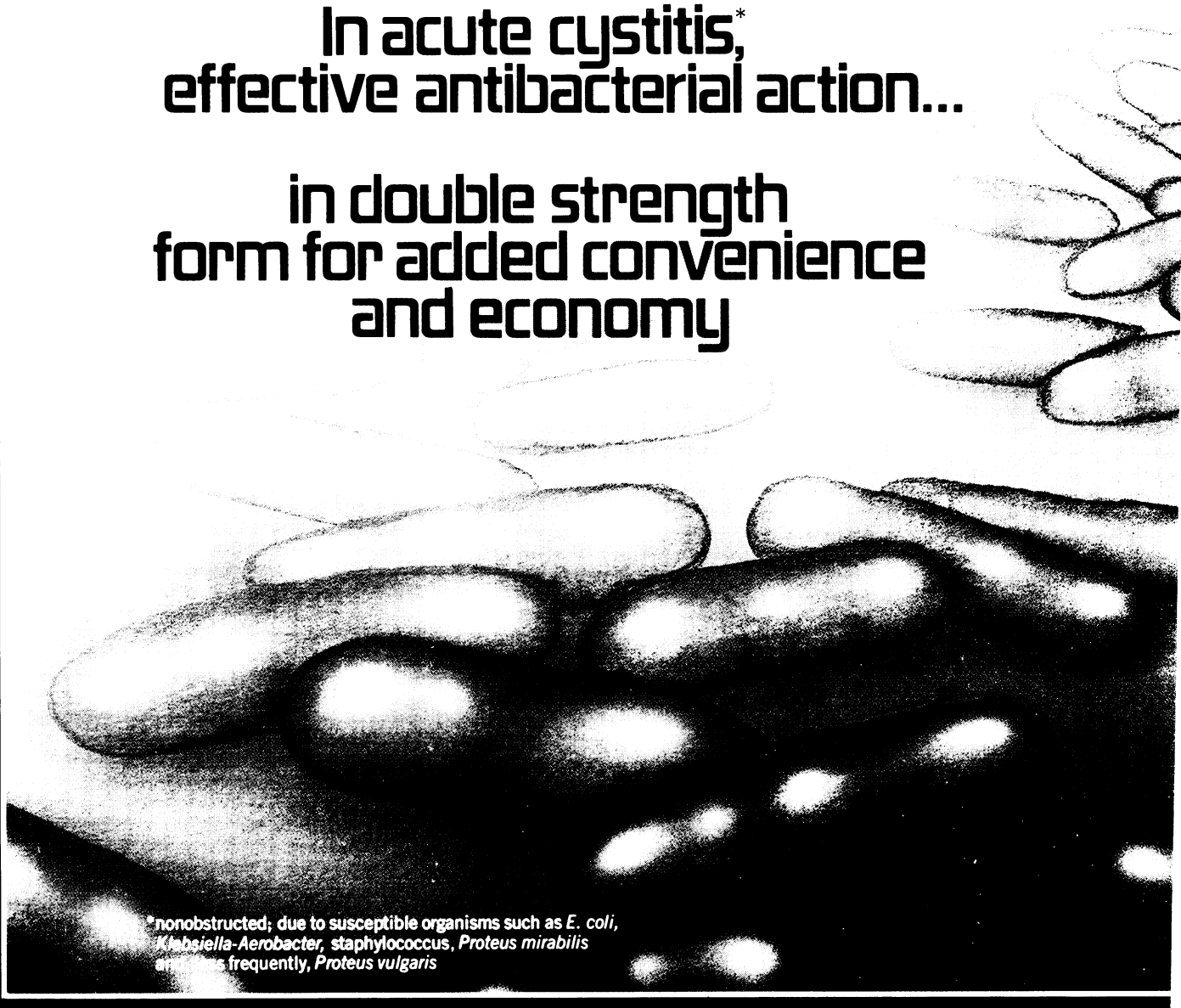
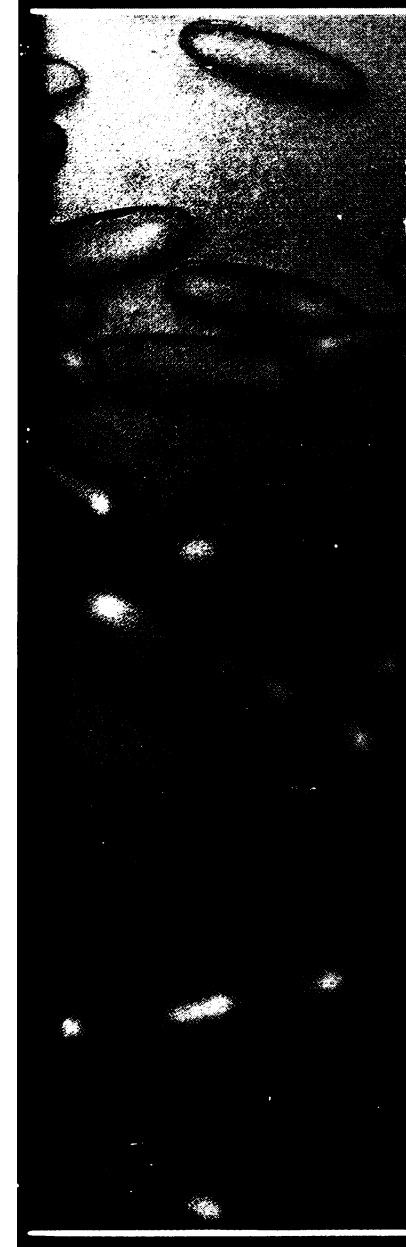
In acute cystitis,* effective antibacterial action...

in double strength form for added convenience and economy



*nonobstructed; due to susceptible organisms such as *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *Proteus mirabilis* and frequently, *Proteus vulgaris*



B.I.D. dosage improves compliance

Several studies have shown that the simpler the dosage regimen, the greater the patient compliance.[1,2] Gantanol (sulfamethoxazole) provides the convenience of simple *b.i.d.* dosage—and now double strength Gantanol DS tablets give your patients with acute cystitis the added convenience of taking only two tablets a day.

24-hour action against bacterial buildup

Lack of voiding during the hours of sleep permits bacterial multiplication in the bladder.[3] The slower excretion rate of Gantanol relative to short-acting sulfonamides allows for the maintenance of therapeutic blood levels on *b.i.d.* dosage, thus assuring 24-hour antibacterial activity and inhibiting nighttime bacterial buildup.

In a clinical study testing the efficacy of Gantanol *b.i.d.* against organisms most commonly responsible for acute cystitis, including *E. coli*, 81% of 406 patients tested achieved zero colonies/ml urine, 83% less than 1,000/ml and 88% less than 10,000/ml.[4]

Double Strength tablets

Gantanol DS tablets offer added convenience and economy for your patients with acute, nonobstructed cystitis. The simplified dosage regimen encourages patient compliance: 2 tablets (1 Gm each) STAT—then 1 tablet *b.i.d.* for 10 to 14 days.

Gantanol is contraindicated during pregnancy, the nursing period, and in infants under 2 months. During therapy, caution patients to maintain adequate fluid intake; perform frequent CBC's and urinalyses with careful microscopic examination.

References: 1. Gatley MS: *J R Coll Gen Pract 16*:39-44, July 1968. 2. Eklund LH, Wessling A: *Clin Ther 1*:81-89, Jan 1977. 3. Holloway WJ: *Consultant 17*:162-173, July 1976. 4. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

2 tablets STAT, then only 1 tablet B.I.D.

Gantanol® DS

sulfamethoxazole/Roche

Double Strength Tablets

ROCHE

Please see brief summary of complete product information on following page.

contains no aspirin

tablets

Darvocet-N® 100 Ⓒ Ⓘ Ⓥ

100 mg. Darvon-N® (propoxyphene napsylate)
650 mg. acetaminophen

Lilly

Additional information available to the profession on request from Eli Lilly and Company Indianapolis, Indiana 46206

700565

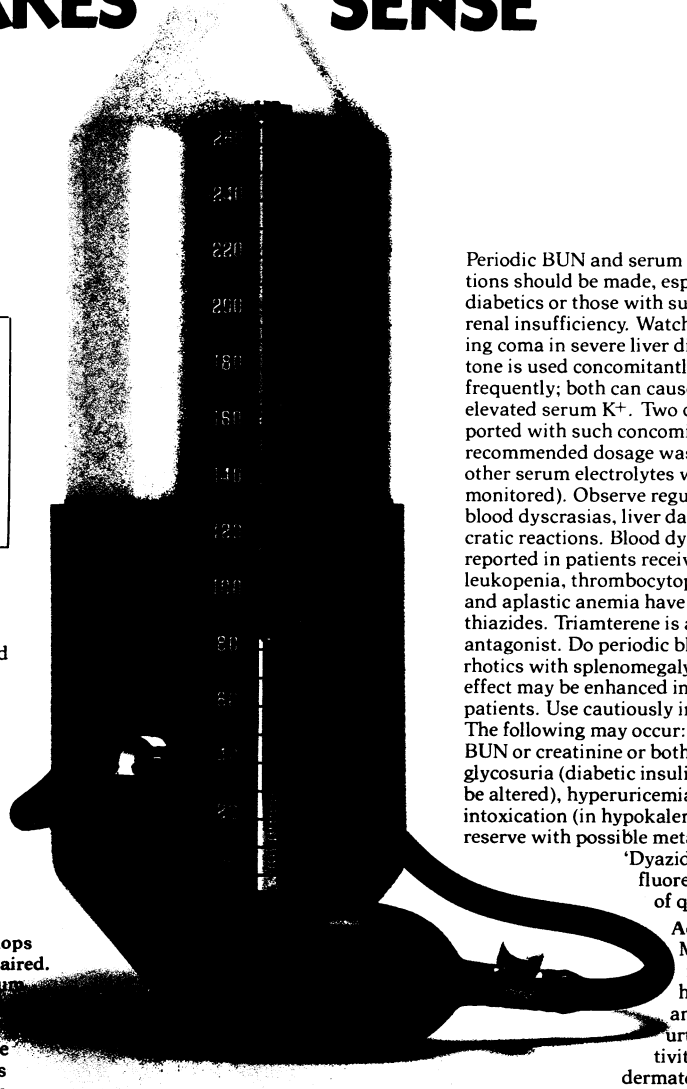
Eli Lilly and Company, Inc.
Carolina, Puerto Rico 00630

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

Warning
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Indications: When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can has been associated with cardiac irregularities more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. Associated widened QRS complex or arrhythmia requires prompt additional therapy. Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.* SERUM K^+ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

SK&F CO., Carolina, P.R. 00630

SK&F CO.
a SmithKline company

FOR MODERATE TO MODERATELY SEVERE PAIN

Acetaminophen with the narcotic difference

Reliable oral narcotic analgesia...

The narcotic component in PERCOCET®-5 is oxycodone, which is readily absorbed and provides dependable oral analgesia—usually within 15 to 30 minutes. Oxycodone can produce drug dependence of the morphine type and should be prescribed with the same degree of caution appropriate to the use of other narcotic-containing medications.

...aspirin free

Acetaminophen is a non-narcotic analgesic widely used for aspirin-sensitive patients. Equivalent to aspirin in analgesia, it complements the pain relief provided by oxycodone.

The usual dose of PERCOCET®-5 is one tablet every six hours, providing convenience and economy for your patients. PERCOCET®-5 is ideally suited for your patients with aspirin sensitivity, with hemostatic disturbance, with peptic ulcer or on anticoagulation therapy.

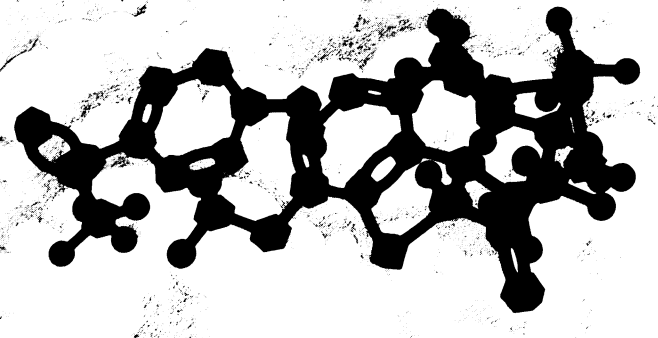
Tablets

Percocet®-5

each scored tablet contains 5 mg oxycodone HCl (WARNING: may be habit forming) and 325 mg acetaminophen

C II

When aspirin is contraindicated.



Endo Inc.
Manati, Puerto Rico 00701
Subsidiary of Endo Laboratories, Inc.
Subsidiary of the DuPont Company

DUPONT

PERCOCET® is a registered trademark of Endo Inc.

Please see facing page for Brief Summary of prescribing information.

A New Vision of Catapres® (clonidine HCl)

20/20

The first 20 days

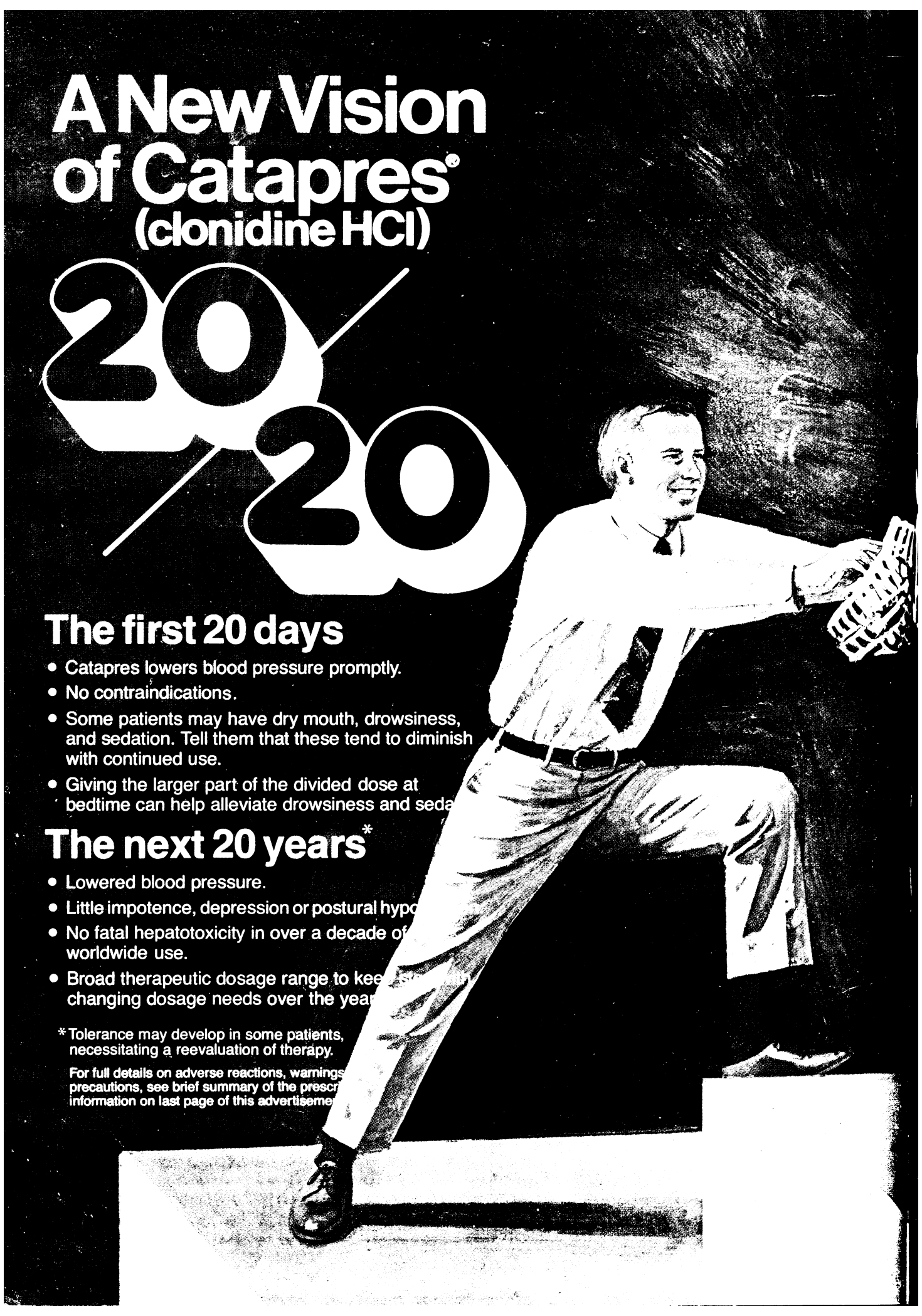
- Catapres lowers blood pressure promptly.
- No contraindications.
- Some patients may have dry mouth, drowsiness, and sedation. Tell them that these tend to diminish with continued use.
- Giving the larger part of the divided dose at bedtime can help alleviate drowsiness and seda

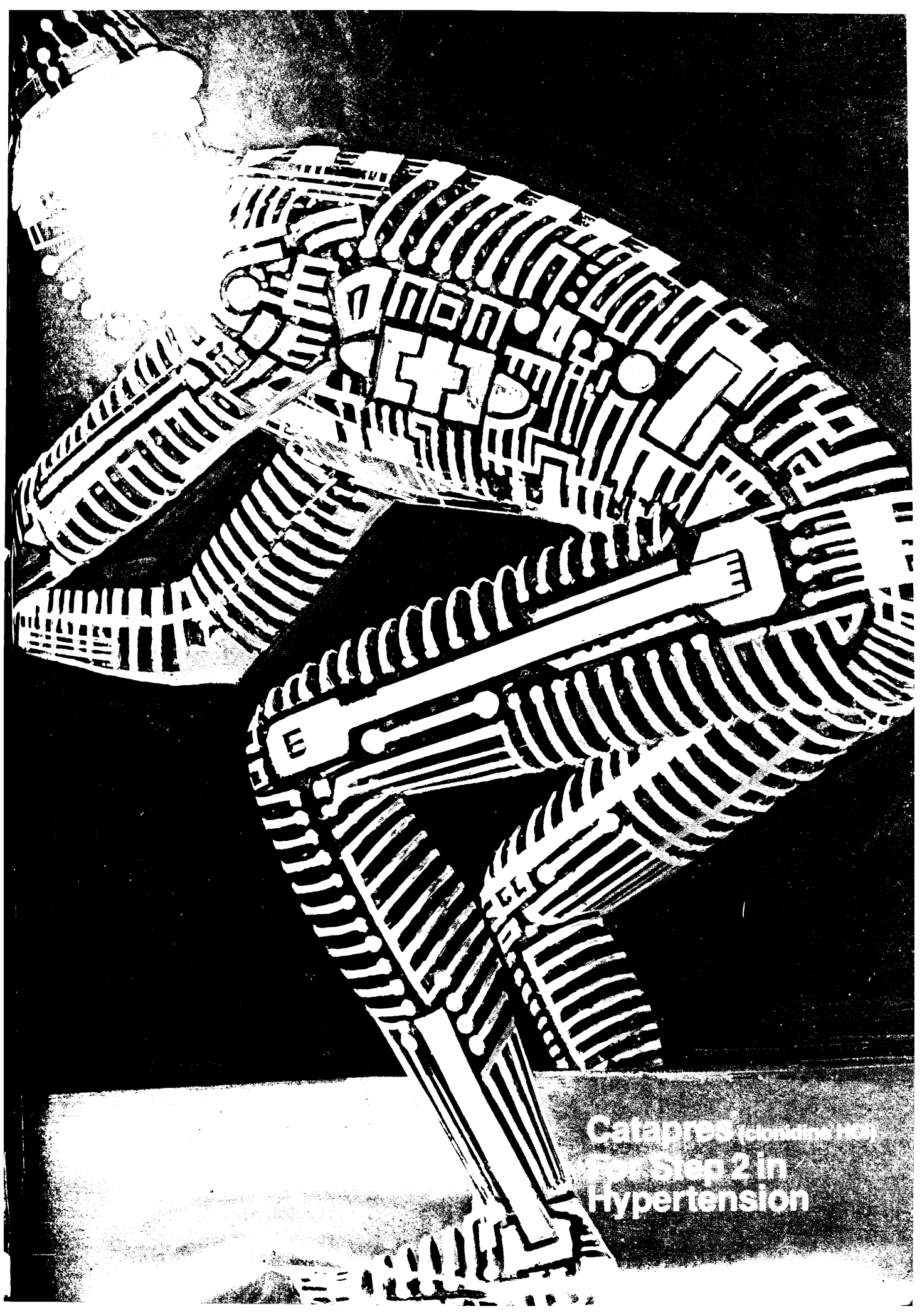
The next 20 years*

- Lowered blood pressure.
- Little impotence, depression or postural hypo
- No fatal hepatotoxicity in over a decade of worldwide use.
- Broad therapeutic dosage range to kee changing dosage needs over the yea

*Tolerance may develop in some patients, necessitating a reevaluation of therapy.

For full details on adverse reactions, warnings precautions, see brief summary of the prescri information on last page of this advertiseme

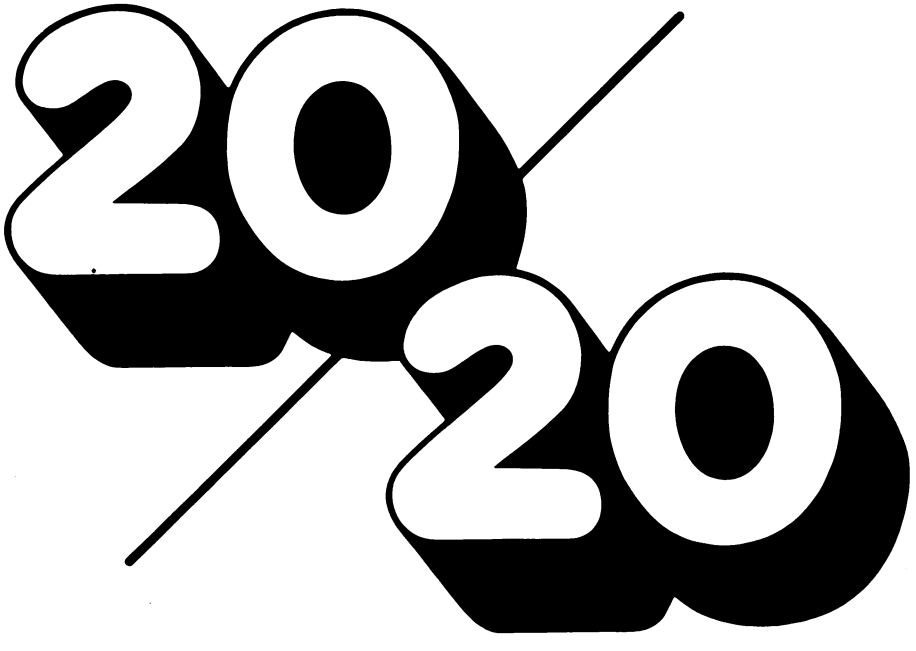



Catapres (clonidine HCl)
First Step 2 in
Hypertension

HYPERTENSION

A New Vision of Catapres® (clonidine HCl)

Tablets of 0.1 and 0.2 mg



What you do the first 20 days Can help him the next 20 years

Catapres®
(clonidine hydrochloride)
Tablets of 0.1 mg and 0.2 mg

Indication: The drug is indicated in the treatment of hypertension. As an antihypertensive drug, Catapres (clonidine hydrochloride) is mild to moderate in potency. It may be employed in a general treatment program with a diuretic and/or other antihypertensive agents as needed for proper patient response.

Warnings: Tolerance may develop in some patients necessitating a reevaluation of therapy.
Usage in Pregnancy: In view of embryotoxic findings in animals, and since information on possible adverse effects in pregnant women is limited to uncontrolled clinical data, the drug is not recommended in women who are or may become pregnant unless the potential benefits outweigh the potential risk to mother and fetus.
Usage in Children: No clinical experience is available with the use of Catapres (clonidine hydrochloride) in children.

Precautions: When discontinuing Catapres (clonidine hydrochloride), reduce the dose gradually over 2 to 4 days to avoid a possible rapid rise in blood pressure and associated subjective symptoms such as nervousness, agitation, and headache. Patients should be instructed not to discontinue therapy without consulting their physician. Rare instances of hypertensive encephalopathy and death have been recorded after cessation of clonidine hydrochloride therapy. A causal relationship has not been established in these cases. It has been demonstrated that an excessive rise in blood pressure, should it occur, can be reversed by resumption of clonidine hydrochloride therapy or by intravenous phentolamine. Patients who engage in potentially hazardous activities, such as operating machinery or driving, should be advised of the sedative effect. This drug may enhance the CNS-depressive effects of alcohol, barbiturates and other sedatives. Like any other agent lowering blood pressure, clonidine hydrochloride should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure.

As an integral part of their overall long-term care, patients treated with Catapres (clonidine hydrochloride) should receive periodic eye examinations. While, except for some dryness of the eyes, no drug-related abnormal ophthalmologic findings have been recorded with Catapres (clonidine hydrochloride), in several studies the drug produced a dose-dependent increase in the incidence and severity of spontaneously occurring retinal degeneration in albino rats treated for 6 months or longer.

Adverse Reactions: The most common reactions are dry mouth, drowsiness and sedation. Constipation, dizziness, headache, and fatigue have been reported. Generally these effects tend to diminish with continued therapy. The following reactions have been associated with the drug, some of them rarely. (In some instances an exact causal relationship has not been established.) These include: Anorexia, malaise, nausea, vomiting, parotid pain, mild transient abnormalities in liver function tests; one report of possible drug-induced hepatitis without icterus and hyperbilirubinemia in a patient receiving clonidine hydrochloride, chlorthalidone, and papaverine hydrochloride. Weight gain, transient elevation of blood glucose, or serum creatine phosphokinase; congestive heart failure, Raynaud's phenomenon; vivid dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and mental depression. Also rash, angioneurotic edema, hives, urticaria, thinning of the hair, pruritus not associated with a rash, impotence, urinary retention, increased sensitivity to alcohol, dryness, itching or burning of the eyes, dryness of the nasal mucosa, pallor, gynecomastia, weakly positive Coombs' test, asymptomatic electrocardiographic abnormalities manifested as Wenckebach period or ventricular trigeminy.

Overdosage: Profound hypotension, weakness, somnolence, diminished or absent reflexes and vomiting followed the accidental ingestion of Catapres (clonidine hydrochloride) by several children from 19 months to 5 years of age. Gastric lavage and administration of analeptic and vasopressor led to complete recovery within 24 hours. Tolazoline in intravenous doses of 10 mg at 30-minute intervals usually abolishes all effects of Catapres (clonidine hydrochloride) overdose.

How Supplied: Catapres, brand of clonidine hydrochloride, is available as 0.1 mg (tan) and 0.2 mg (orange) oval, single-scored tablets in bottles of 100 and 1000.

For complete details, please see full prescribing information.

Under license from Boehringer Ingelheim GmbH

Boehringer Ingelheim Ltd.
Ridgefield, CT 06877

We've been helping doctors operate for years.

It's always taken money to run a practice successfully.

And Bank of America has been around for years. Helping doctors with the money it takes to set up or expand their practices.

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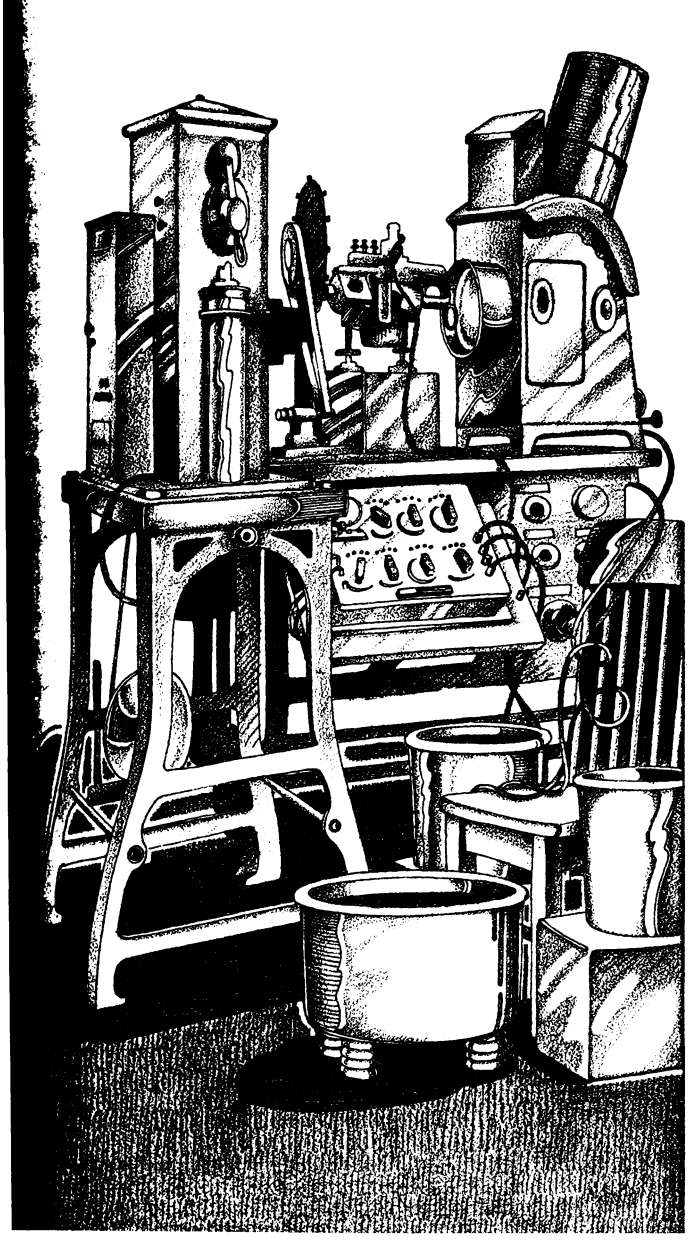
There are other important financial services at Bank of America. Like professional practice management, PersonaLine® credit, personal trust and investment services.

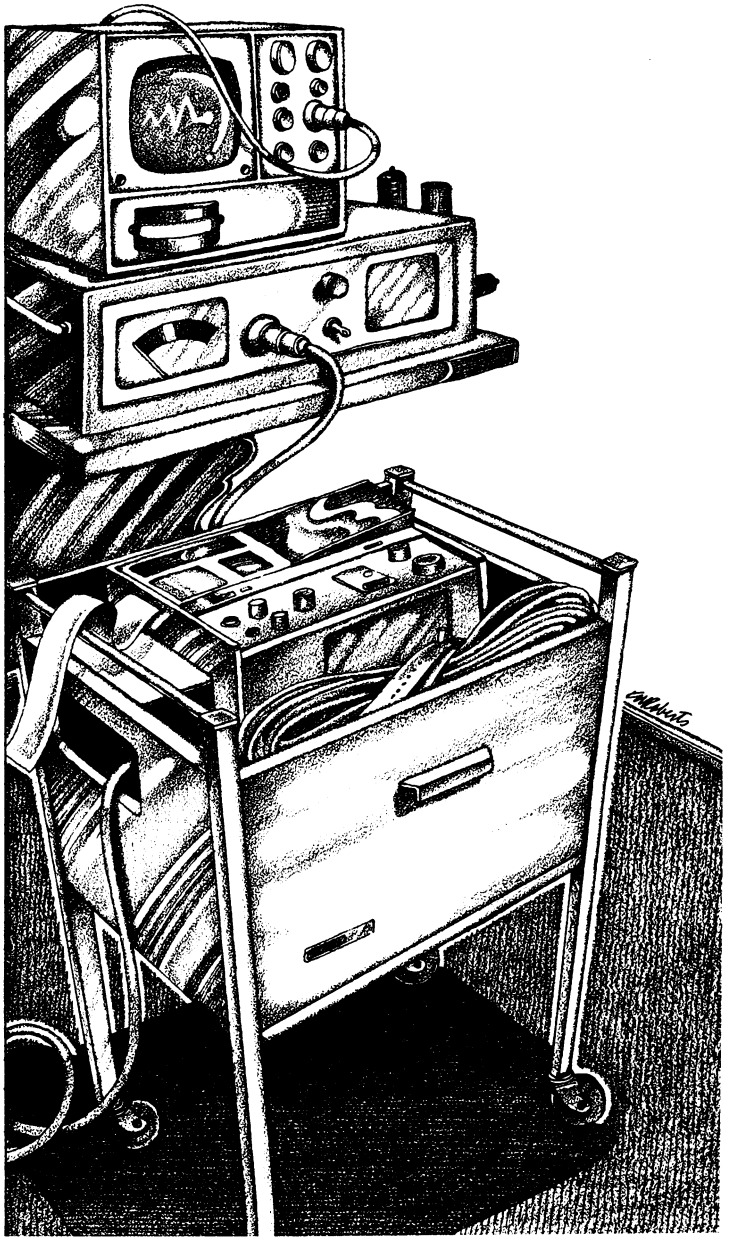
Call one of our loan officers for details.

If you or your growing practice could use a little shot in the arm.

BANK OF AMERICA

"Let's talk loans."





Clinical experience & continuing confidence

KAON® ELIXIR was introduced in **1954,** followed by KAON® TABLETS in **1963.** Decades of clinical experience indicate acceptability, effectiveness, and safety in the majority of patients; should abdominal pain occur, therapy should be discontinued. Both have been taken by patient after patient, day after day, year after year, to correct potassium deficiencies. Both have consistently demonstrated their value when diet alone is inadequate for potassium replacement.

Kaon® Elixir
(potassium gluconate)

Kaon® Tabs
(potassium gluconate)

BRIEF SUMMARY
Kaon Tablets/Kaon Elixir

KAON® (potassium gluconate) TABLETS

Description: Each sugar-coated tablet supplies 5 mEq. of elemental potassium (as potassium gluconate 1.17 Gm.). Kaon Tablets are sugar coated, not enteric coated, which favors dissolution in the stomach and absorption before reaching the small intestine where the lesions with enteric potassium chloride have occurred. The sugar coating merely adds to palatability and ease of swallowing, not to delay absorption as does the enteric coating.
Indications: Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. It may be used in the treatment of cardiac arrhythmias due to digitalis intoxication.
Contraindications: Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.
Warning: There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated potassium tablets should be used only when adequate dietary supplementation is not practical.
Precautions: In response to a rise in the concentration of body potassium, renal excretion of the ion is increased. With normal kidney function, it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficie or daily dosage is not accurately known. Fr quent checks of the clinical status of the pat and periodic ECG and/or serum potassium levels should be made. High serum concen

Time is the test of all things

of potassium ion may cause death through
c depression, arrhythmias or arrest. This
should be used with caution in the presence
diac disease.
hypokalemic states, especially in patients
alt-free diet, hypochloremic alkalosis is a
bility that may require chloride as well as
ium supplementation. In these circum-
es, Kaon (potassium gluconate) should be
emented with chloride. Ammonium chlo-
is an excellent source of chloride ion (18.7
per Gram), but it should not be used in
ts with hepatic cirrhosis where ammonium
are contraindicated. Other sources for
de are sodium chloride and Diluted
ochloric Acid, U.S.P.
hould also be kept in mind that ammonium
cation exchange resin, sometimes used to
yperkalemia, should not be administered to patients with hepatic cirrhosis.

Adverse Reactions: Nausea, vomiting, diarrhea and abdominal discomfort have been reported. The symptoms and signs of potassium intoxication include paresthesias of the extremities, flaccid paralysis, listlessness, mental confusion, weakness and heaviness of the legs, fall in blood pressure, cardiac arrhythmias and heart block. Hyperkalemia may exhibit the following electrocardiographic abnormalities: disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

Overdosage: Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

KAON® (potassium gluconate) ELIXIR

Description: Each 15 ml. (tablespoonful) supplies 20 mEq. of elemental potassium (as potassium gluconate, 4.68 Gm.) with saccharin and aromatics. Alcohol 5%.

Indications: See Kaon Tablets.

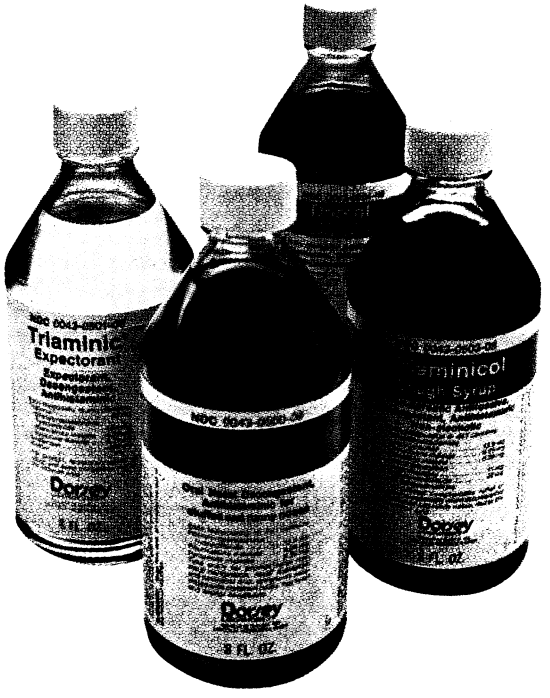
Precautions: See Kaon Tablets.

In hypochloremic alkalosis, potassium replacement with potassium chloride (e.g., Kaochlor® 10% Liquid) may be more advantageous than with other potassium salts.

Adverse Reactions: See Kaon Tablets.

Overdosage: See Kaon Tablets.

WARREN-TEED
LABORATORIES, INC.
DIVISION OF **ADRIA LABORATORIES INC.**
COLUMBUS, OHIO 43215



Answer calls from worried mothers with The Recommendables™

- **TRIAMINIC® SYRUP:** "The Orange Medicine" for stuffed and runny noses. Nonalcoholic.
- **TRIAMINIC® EXPECTORANT:** For unproductive coughs and stuffed, runny noses.
- **TRIAMINICOL® COUGH SYRUP:** For coughs requiring an antitussive and for relief of stuffed, runny noses. Nonnarcotic; nonalcoholic.
- **DORCOL® PEDIATRIC COUGH SYRUP:** Full-teaspoon pediatric dosage for cough and nasal congestion, without narcotics or antihistamines.

The Recommendables™ line does not contain FD&C yellow #5 (tartrazine dye).

No Rx needed—economical for mother; timesaving for you.

Dorsey LABORATORIES

Division of Sandoz, Inc. • LINCOLN, NEBRASKA 68501

OL-

COMPATIBILITY

Does it influence your choice of a peripheral/cerebral vasodilator*?

- Vasodilan—compatible with coexisting diseases
- Vasodilan—compatible with concomitant therapy
- Vasodilan—compatible with your total regimen for vascular insufficiency

***Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily.

Intramuscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

U.S. Pat. No. 3,056,836

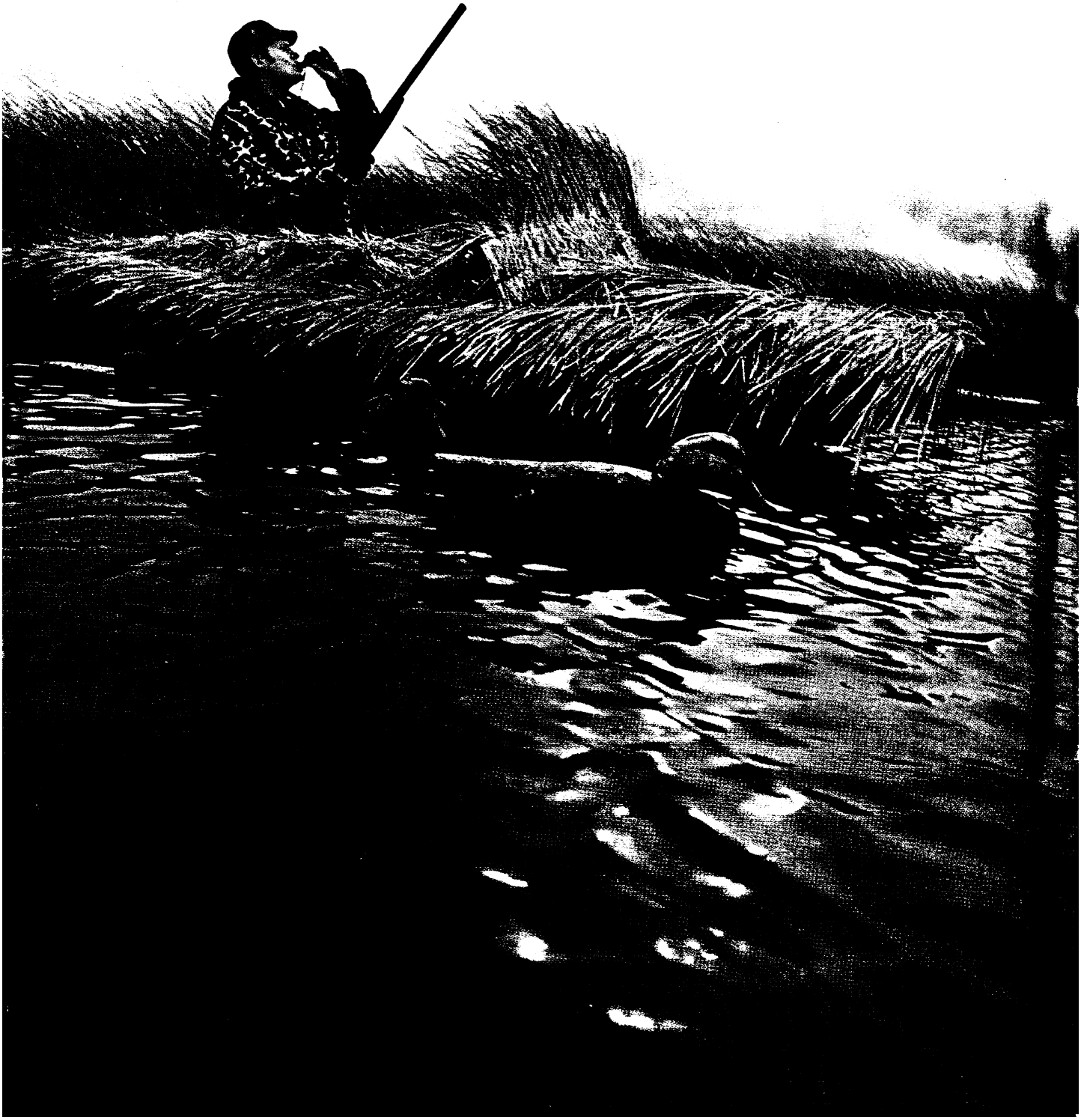
VASODILAN®

(ISOXSUPRINE HCl)

20-mg tablets

Mead Johnson PHARMACEUTICAL DIVISION

This asthmatic isn't worried about his



ext breath...

he's active
he's effectively
maintained on

QUIBRON®

Each capsule or tablespoonful (15 ml) elixir contains theophylline (anhydrous) 150 mg and glyceryl guaiacolate (guaifenesin) 90 mg. Elixir: alcohol 15%

high theophylline for effective around-the-clock therapy

Quibron may give the asthmatic up to eight hours of bronchodilation with each dose and provides the high dosages of theophylline which are now believed necessary to keep patients free of acute attacks and chronic wheezing.

100% free theophylline

Quibron helps achieve high serum theophylline levels with minimal dosage volume...delivers 100% free theophylline in comparison to many other compounds which contain from 47% to 91% effective theophylline.

individualized theophylline dosage schedule

Today's more efficient usage of theophylline includes individualizing dosage and monitoring serum theophylline levels. The usual recommended dosages of Quibron are: Adults—1 to 2 capsules or tablespoonfuls every 6 to 8 hours; dosage may be cautiously adjusted upward when necessary to a maximum of 2000 mg theophylline per 24 hours. Children under 12—4 to 6 mg theophylline per kg/body weight every 6 to 8 hours; dosage may be cautiously adjusted up to 9 or 10 mg/kg every 6 hours.

Now, for the asthmatic who requires high-dose theophylline therapy for therapeutic serum concentrations

---

Mead Johnson
Pharmaceutical Division
announces

QUIBRON®-300

Each capsule contains 300 mg theophylline (anhydrous) and 180 mg glyceryl guaiacolate (guaifenesin)

For Brief Summary, please see the last page of this advertisement.

QUIBRON®-300

Each capsule contains 300 mg theophylline (anhydrous) and 180 mg glyceryl guaiacolate (guaifenesin)

The new high-dose theophylline capsule... for dependable theophylline therapy when products of lower dosage do not adequately control asthma symptoms.

Specially formulated

...for optimal efficacy

Quibron-300 is appropriate therapy for asthma patients whose symptoms are not adequately controlled on lower doses of theophylline, particularly for patients whose theophylline dosage has been adjusted upward to achieve therapeutic serum levels. In one study,[1] an average peak increase in FEV_1 of 35% was demonstrated after a single dose equivalent to one Quibron-300 capsule, and significant improvement in this pulmonary function lasted for nearly eight hours after administration.

...for optimal predictability

One Quibron-300 capsule q6-8h yields therapeutic serum levels (10-20 mcg/ml) in many adults. With a single dose, more than 75% of patients achieved serum levels potentially providing clinical benefit (5-15 mcg/ml). Half-life of theophylline varies widely from patient to patient, making monitoring of theophylline therapy important. Patient response may be monitored clinically if blood levels are not available as long as dosage does not exceed 1200 mg in 24 hours for adults.

...for optimal dosage convenience

The simple, convenient dosage of new Quibron-300—one capsule every six to eight hours—makes it easy for patients to comply with high-dose regimens often required to achieve therapeutic serum levels. Quibron-300 capsules may provide maximum therapeutic value with maximum convenience. In fact, the switch from a low-dose to a high-dose regimen may be accomplished by merely switching capsules, by stepping up to Quibron-300 capsules.

...for minimal theophylline side effects

Adverse reactions to theophylline are related to serum levels and are usually not a problem at concentrations below 20 mcg/ml. Of 45 patients studied[1] after a single dose, only seven reported adverse reactions. The most common reaction was a feeling of lightheadedness by three of these seven patients.

Reference 1. Data on file. Mead Johnson Pharmaceutical Division.

Indications: For the symptomatic treatment of bronchospastic conditions such as bronchial asthma, asthmatic bronchitis, chronic bronchitis, and pulmonary emphysema.

Dosage: Quibron—Adults: 1-2 capsules or 1-2 tablespoonfuls elixir every 6-8 hours. Children under 12: 4-6 mg theophylline/kg body weight every 6-8 hours.

Quibron-300— Adults: 1 capsule every 6-8 hours.

Theophylline dosage may be cautiously increased to 2000 mg/24 hour in adults and 9 or 10 mg/kg every 6 hours in children. Monitoring of serum theophylline levels at higher dosages is recommended.

Precautions: Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theophylline or aminophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.

Adverse Reactions: Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea, and vomiting. The frequency of adverse reactions is related to the serum theophylline level and is not usually a problem at serum theophylline levels below 20 μg/ml.

How Supplied: Quibron Elixir: Bottles of 1 pint and 1 gallon. Quibron Capsules: Bottles of 100 and 1000 and unit-dose packs of 100. Quibron-300 Capsules: Bottles of 100.

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Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

If you've been prescribing pentobarbital or secobarbital for insomnia, there's good reason to reconsider.

More effective than secobarbital through 14 nights of administration...[1,2]

In two separate sleep laboratory studies,[1] secobarbital 100 mg was found to lose much of its initial hypnotic effect in insomniac subjects within a two-week administration period. Dalmane® (flurazepam HCl), however, has been proved[2] to remain effective for both inducing and maintaining sleep at the end of two weeks, with the usual adult dosage (30 mg *h.s.*). Elderly and debilitated patients should receive 15 mg initially, to help preclude oversedation, dizziness or ataxia.

And more effective than pentobarbital through 28 nights of administration...[3,4]

In an original study designed to evaluate hypnotic effectiveness for 28 consecutive nights of use, the relative ineffectiveness of pentobarbital was established after only two weeks.[3] Dalmane, however, remained effective not only for 14 nights, but for 28 nights in chronic insomniacs,[3,4] without increasing dosage from night to night. Prolonged administration of Dalmane is seldom necessary, but when it is, periodic blood counts and liver and kidney function tests should be performed.

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Specific safety benefits not shared by barbiturate hypnotics: Dalmane (flurazepam HCl) may be used in patients on chronic warfarin therapy; no unacceptable fluctuation in prothrombin time has been reported.[5,6] And Dalmane has been proved not to interfere chemically with many common laboratory tests.[7-9] (Alterations have been reported due to pharmacological effects; see Adverse Reactions section of complete product information.)

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30-mg and 15-mg capsules

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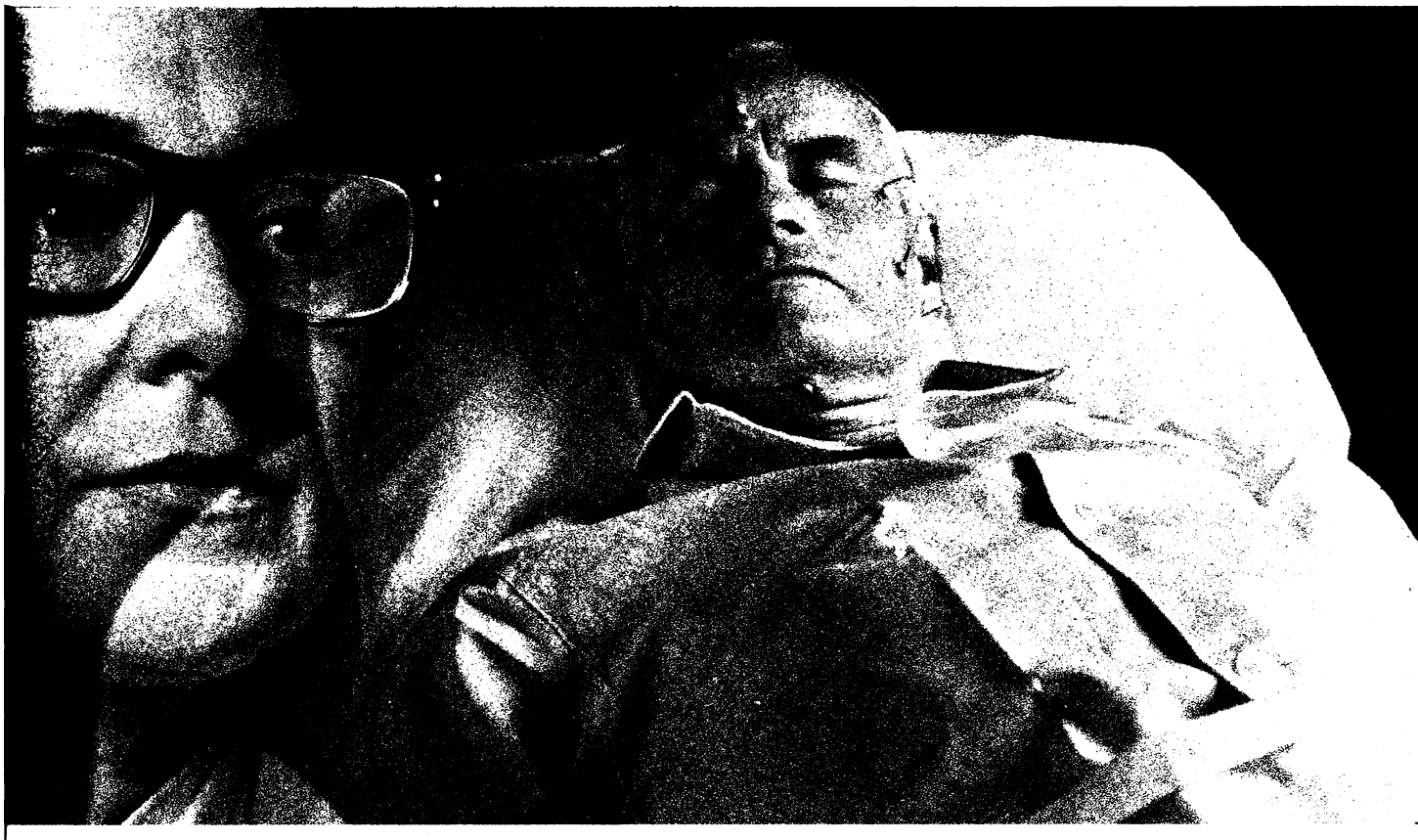

Before prescribing Dalmane (flurazepam HCl), please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: **Several studies of minor tranquilizers (chlordiazepoxide, diazepam, and meprobamate) suggest increased risk of congenital malformations during the first trimester of pregnancy. Dalmane, a benzodiazepine, has not been studied adequately to determine whether it may be associated with such an increased risk. Because use of these drugs is rarely a matter of urgency, their use during this period should almost always be avoided. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, limit initial dosage to 15 mg to preclude oversedation, dizziness and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

References:

1. Kales A, *et al*: *Clin Pharmacol Ther 20*: 541-545, Nov 1976
2. Kales A, *et al*: *Clin Pharmacol Ther 19*:576-583, May 1976
3. Kales A, *et al*: *Clin Pharmacol Ther 18*:356-363, Sep 1975
4. Dement WC, Guilleminault C, Zarcone V: Progress in clinical sleep research. Scientific exhibit at the American Medical Association, Atlantic City NJ, Jun 14-18, 1975
5. Robinson DS, Amidon EL: Interaction of benzodiazepines with warfarin in man, in *The Benzodiazepines*, edited by Garattini S, Mussini E, Randall LO. New York, Raven Press, 1973, p. 641
6. Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ
7. Moore JD, Weissman L: *J Clin Pharmacol 16*:241-244, May-Jun 1976
8. Spiegel HE: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ
9. Kaplan SA, *et al*: *J Pharm Sci 62*:1932-1935, 1973

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BOARD CERTIFIED OB/GYN to associate with rapidly growing, well established 3 man group in Monterey Park (L.A.), Calif. Practice at 229 bed medical center, large OB depart., new neonatal unit. Office space avail. Inducements dependent upon experience and qualifications. Prefer 35-45. Please send current copy of c.v. to: Nancy Williams, Dir. of Physician Services, Nat'l Medical Enterprises, Inc., 11620 Wilshire Blvd., L.A., CA 90025 or call (213) 479-5526.

MAJOR MIDWESTERN TEACHING AND RESEARCH CENTER has a career opportunity for a general surgeon with background or interest in trauma and critical care medicine to join a newly created division of trauma and emergency surgery. The position will afford an opportunity for clinical responsibility and research related to the problems of the mulple injury and critically ill patients. Individual-based salary, commensurate with experience and comprehensive benefits are offered. These include: Malpractice insurance, retirement plan, BC/BS Master Medical, life, accident, travel and dental insurance coverage, as well as a lease car plan. Interested parties should send their curriculum vitae in strict confidence to Box 5978, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

LA JOLLA, CALIFORNIA. Full- or part-time positions available with national research program. Coronary Primary Prevention Trial looking for physician three mornings per week or full-time as assistant director. Salary negotiable. Contact The Lipid Research Clinic (714) 276-5138.

SACRAMENTO, CALIFORNIA: Sacramento Emergency Medical Group, serving six Sacramento area hospitals, is seeking an additional physician experienced in emergency medicine. If interested, please send a curriculum vitae to SEMG, 1805 Tribute Road, Suite G, Sacramento, CA 95815.

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CHALLENGING OPPORTUNITY AVAILABLE as Chairman of the newly established Department of Cellular and Molecular Biology at Henry Ford Hospital. This department's main objective is the pursuit of new knowledge and understanding in those areas of science which traditionally have been aligned to the clinical practice of medicine. The main commitment will be to pursue research in biomedicine. Responsibilities of office: (1) Direct the Department and the allocation of resources (budget, space, personnel); (2) Act as liaison to clinic departments, and serve on the Council of the Henry Ford Hospital; (3) Recruit research and teaching staff, and establish research objectives; (4) Assist in grantsmanship; (5) Facilitate teaching in allied health and medical education in coordination with the Director of Medical Education. The successful candidate for the chairmanship of this department must have a Ph.D. and/or M.D. degrees, and established a research program and a record of research productivity in any science, basic to medical care. Henry Ford Hospital, 2799 West Grand Boulevard, Detroit, Michigan 48202, Attn: Mr. Jerry Dutkewych.

GASTROENTEROLOGIST: Academic position to teach fellows and house staff gastroenterology and general medicine in departmental conferences, in hospital rounds and clinics. Attend and follow patients in private outpatient clinics. Perform basic science and clinical research as it pertains to applicant's interest in Gastroenterology. Reply to Box 5989, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

200-DOCTOR, MULTICLINIC, hospital-based medical group HMO, medical school affiliated, seeks physician experienced in fields of Workers' Compensation and Occupational Medicine to direct an existing growing program presently furnishing medical and health care for 200,000 members (80,000 employed) and 1,300 medical personnel. Development of preventive and health services program for small and large business is future objective. Board certification desirable, but experienced physician or one who has completed approved residency will be considered. Incumbent physician retiring July 1978, position available now. Starting salary is negotiable. Excellent benefits package and partnership. Telephone (714) 563-2775 or send résumé in confidence to Herbert Sorensen, MD, Associate Medical Director, Southern California Permanente Medical Group, 4647 Zion Avenue, San Diego, CA 92120.

GP's/FP's NEEDED. Foothill Presbyterian Hospital and Medical Staff seek qualified GP's/FP's for challenging opportunities to join established groups or begin solo practice. Financial assistance available for interview and relocation expenses. Assistance in acquiring professional loans and establishing office practice. Accredited 5-year-old, non-profit hospital located within 30 min. of mountains, cultural centers and medical schools, excellent continuing education, recreation, schools, and housing. Send CV to James F. Jennings, Foothill Presbyterian Hospital, 250 S. Grand Ave., Glendora, CA 91740. Call Collect (213) 963-8411, ext. 251.

OPENINGS FOR HOUSE SURGEONS with two years or more surgical training. Regularly scheduled time in clinic and O.R. On call for 24 hours every fifth day with following day off. Weekly half-day surgical conference and other meetings approved for continuing medical education. Generous salary and benefits including malpractice insurance. Must have California license. An equal opportunity employer. Contact: R. Wilcox, M.D., SCPMG, 13652 Cantara Street, (1Q), Panorama City, CA 91402. (213) 781-2361.

CALIFORNIA BOARD CERTIFIED, RADIOLOGIST for Chief, Radiology Service, needed at VA Hospital, Livermore, CA. Ideal living, good climate. Malpractice insurance not needed. Position is available at present time. Salary dependent on experience and qualifications. Contact: Chief, Personnel Service, Veterans Administration Hospital, Livermore, CA 94550. Tel: (415) 447-2560, ext. 304.

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(Continued on Page 28)

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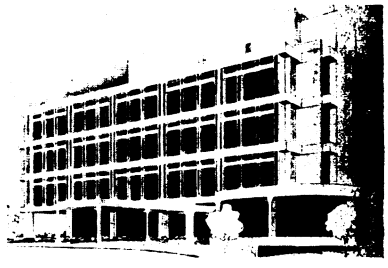

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In addition to a 151-bed acute care nursing tower, the hospital offers a 24-hour emergency room, 4 major surgery suites, plus an additional 3 surgery suites in a new outpatient surgical center, complete ICU and CCU units, complete obstetrical service, computerized medical records, outpatient pacemaker monitoring service, cardiac rehabilitation center, plus outpatient centers for spine, hand, stroke, and dietetic counseling.

Construction is now being completed to house a full body scanner.

An expanded ICU CCU wing is in the advanced planning stages.

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DERMATOLOGIST. 34. University trained. Also board certified in pathology. Well-trained in dermatopathology. Wish to work full-time or part-time on salary for dermatologists in northern California. Available in January 1979. Write Box 5980, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

PHYSICIANS ASSISTANT: 26, married, graduate of the Univ. of Nebr. Med. Center. Seeking employment in rural area with Family Practitioner. Available in May. Write: Jay Pashalek, 115 N. 30th St., Omaha, NE 68131 for résumé.

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PHYSICIAN'S ASSISTANT: Board certified, Ohio license, eligible all states, working primary care two years, married with children, desire western location urban or rural. Please contact Box 5988, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

PHYSICIAN'S ASSISTANT—recent Duke graduate—desires position in Rocky Mountain states or N.W. Primary care preferred. Call (919) 684-6134 (day). Doug Stackhouse, 4216 Garrett Rd. (M-28), Durham, NC 27707.

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PHARMACIST wishes to establish pharmacy in medical building, clinic, hospital or with group of doctors. Will build, lease incentive available. Contact: Allen H. Fox, 1916 Malcolm Ave., Los Angeles, CA 90025; (213) 279-1231.

ANESTHESIA SERVICE GROUP

Complete coverage for hospital, clinic or office on "AS NEEDED" basis in Bay Area, So. Calif. and San Diego. Call or write to: P.O. Box 6275, Oakland CA 94603 (415) 763-0336; P.O. Box 1102, S. Monica, CA 90406 (213) 393-4267; P.O. Box 2828, S. Diego, CA 92112 (714) 231-0123.

CLINIC FOR SALE OR LEASE

A five year old medical clinic. Land and construction = $320,000. Sales price includes at no extra charge, all equipment, inventory, supplies, ambulance and all furnishings in two upstairs apartments. Business includes contract with ski corporation. Need an MD or ORTHOPOD. Clinic is in Teton Village, Jackson Hole, WYOMING. Contact:

MURRAY SOBEL, REALTOR
P.O. Box 3374
Beverly Hills, CA 90212
Phone: (213) 275-6515

CLINIC FOR SALE

MODERN FULLY EQUIPPED CLINIC. Active medical facility many years. Available due to untimely death. Space for 3-4 doctors, 5,000 sq. ft., x-ray, cardiopulmonary lab. Two general hospitals 7 min. via freeway. Progressive ecologically-oriented community 30 minutes south Seattle. Lease, lease/option, terms. Contact: Mrs. D. M. Moschel, 233 S. 2nd, Kent, WA 98031. (206) 852-8440 or (206) 852-7081.

LEGAL COUNSEL*

SAMUEL SPITAL, ESQ.
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DEPUTY ATTORNEY GENERAL
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Board of Medical Quality Assurance

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*In California only

OFFICES FOR LEASE OR RENT

MARIN COUNTY, CALIF.—Established medical office available in downtown San Anselmo, 777 square feet. Phone (415) 453-7501.

FOR RENT: The newest and largest professional building in the South San Diego community of Imperial Beach, Calif. now completed; suites available can be customized to suit tenant; this is an excellent opportunity for general practice, internal medicine, gynecology, general surgery, dermatology and ophthalmology; particulars available upon request from John E. Geis, DDS, 1340 Coronado Ave., Suite 201, Imperial Beach, CA 92032. Phone: (714) 424-3931.

HAYWARD—Medical suite, space to suit. Modern medical building now being completely refurbished by new owners. Air conditioning, elevator, generous parking. Central to hospitals. Hesperian Medical Building, 19682 Hesperian Blvd. Manager: (415) 846-4649 day/night for appointment.

BEAUTIFUL NEW OFFICES approximately 1,100 sq. ft. X-ray available. Active experienced F.P. in adjacent office. Referrals available. Large population in immediate area. Family Practice Physician who can assist with surgical procedures. Obstetrical cases available at your option. Contact: Robert L. Voelker, MD, 134 Muir Road, Martinez (Contra Costa County), California (415) 228-5500.

MEDICAL SUITES — New medical complex in Sandy, Utah, fastest growing suburb of Salt Lake. Adjacent to ski areas. All primary care physicians needed. Adjacent complex provides ER, x-ray, lab and pharmacy services. Occupancy available July 1978. Design your own suite. Steve Walker, 800 E. 9400 South, Sandy, Utah 84070. (801) 571-3446.

ANESTHESIOLOGISTS

For full charge bookkeeping contact
ANESTHESIOLOGIST SERVICES, INC.
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OFFICE SPACE AVAILABLE

GROWING AREA OF DUNSMUIR, CALIFORNIA, NEEDS ANOTHER DOCTOR. Space available in Travelers Hotel. Pharmacy across street; hospital eight miles away in Mt. Shasta. Nice scenic area with clean air, water. Phone or write: Ted Santos, 425 Bush St., Suite 200, San Francisco, CA 94108. Phone (415) 391-7177.

OFFICES FOR SALE OR LEASE

SALE OR LEASE: Medical building in beautiful condition for four specialists or three generalists, 1958 and remodeled extensively. Area growing, Big Mt. Skiing, lake, near Glacier Park. (406) 862-2816. W. N. McIntyre, Route I, Whitefish, MT 59937.

EQUIPMENT FOR SALE

ELGEET-OLYMPUS MICROSCOPE, Model EC. Never been used. Fully equipped. $500. Kurt De Crinis, MD, 1080 No. Indian, Palm Springs, CA 92262.

FOR SALE

FOR SALE—Medical practice, equipment and furniture. G.P. Nice established office available for rent. Montclair district, Oakland, CA (415) 339-8111.

EQUIPMENT FOR SALE—Burroughs L-3000 posting machine, Pitney-Bowes mail inserting and folding machine, IIIe Paraffin bath. Contact: Granger Ave. Medical Group, Inc., 140 E. Granger Ave., Modesto, CA 95350. (209) 529-0531.

FOR SALE—52-bed hospital, fully licensed. Contact: Robin Thayer (213) 481-2350.

VACATION RENTALS

HAWAII RENTAL—HAWAIIAN (Hanalei, Kauai) VACATION beach home for only $250 per week, monthly rate $950. Old Hawaiian atmosphere, away from crowded beaches with lots of open space. Excellent skin diving, swimming and beaches. Sleeps 11. For details, pictures and information, write: James R. Christiansen, 1216 State Street, Santa Barbara, CA 93101, tel. (805) 962-8141.

ASPEN MUSHROOM CONFERENCE

Identification of edible, poisonous, and hallucinogenic mushrooms. Treatment of mushroom poisoning. Microscopy. Novice and advanced courses. AMA category I. August 13-18, 1978. Wildwood Inn, Snowmass-at-Aspen, Colorado. Contact: **Beth Israel Hospital, 1601 Lowell Blvd., Denver, Colorado 80204. (303) 825-2190 Ext. 359.**

(Continued on Page 30)

(Continued from Page 29)

NEVADA STATE MEDICAL ASSOCIATION

annual meeting

MAY 19-21, 1978 • MGM GRAND HOTEL, RENO
HARRAH'S RENO, Co-headquarters Hotel

scientific program

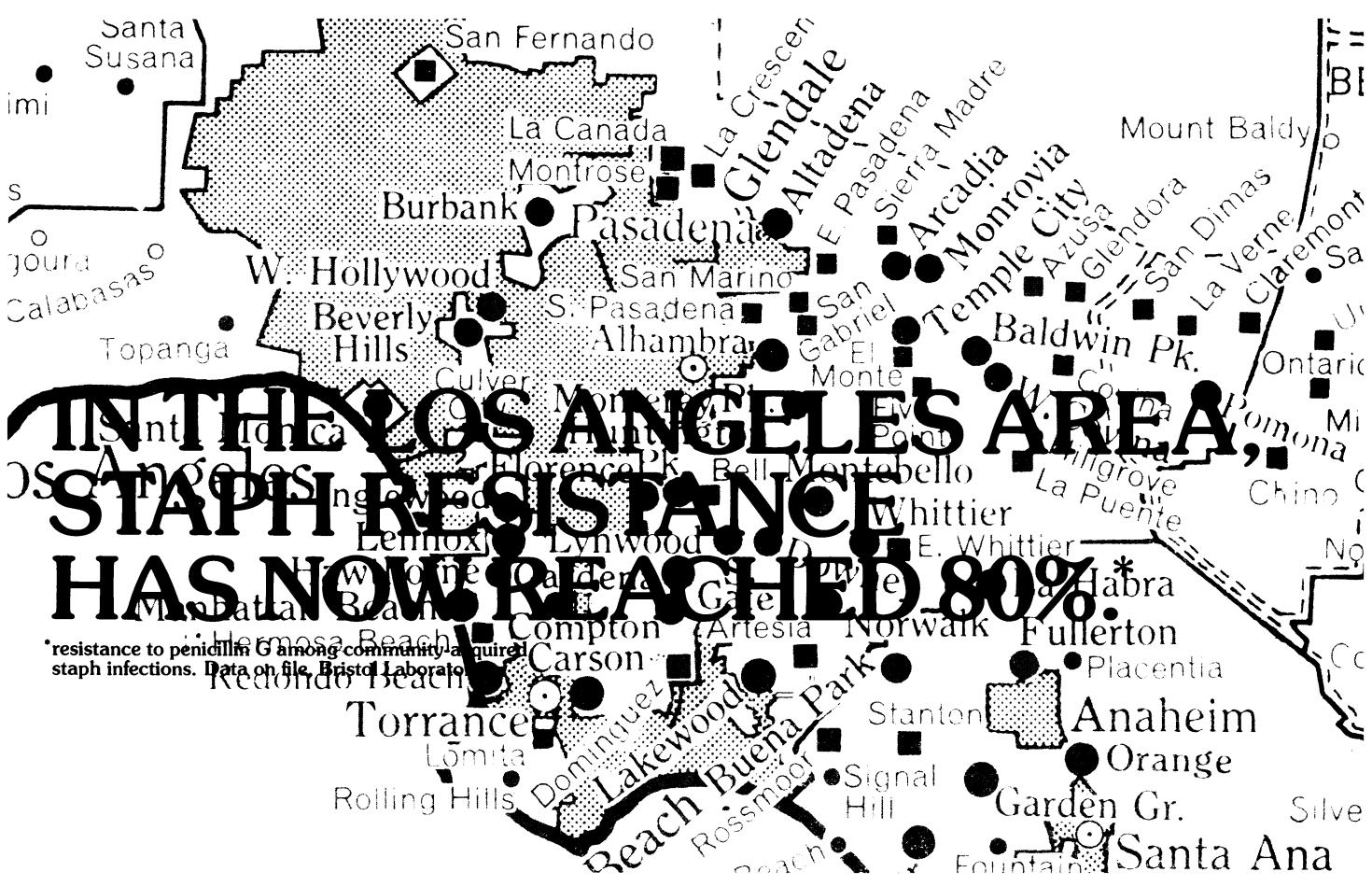
MAY 19, 1978

ANTON SOHN, MD, Program Chairman

8:00 am	Registration	
9:00 am	Opening Remarks	
9:15 am	STRESSES OF TENNIS AND RUNNING: PREVENTION AND TREATMENT OF INJURY	James M. Glick, MD
9:45 am	ATHLETIC COLLISION INJURIES OF THE KNEE AND SHOULDER	Edward J. Greenwald, MD
10:30 am	Break	
10:45 am	THE FEMALE ATHLETE	James M. Glick, MD
11:15 am	PANEL DISCUSSION	
Noon	NSMA/Auxiliary Luncheon	James M. Glick, MD
	GAME PLAYING—THE LITTLE LEAGUER	Jack H. Scaff, Jr., MD
1:30 pm	THE IMMORTAL RUNNER	Jack H. Scaff, Jr., MD
2:15 pm	EXERCISE-INDUCED ASTHMA	I. Marshall Postman, MD
3:00 pm	Break	
3:15 pm	HYPERPYREXIA, HEAT EXHAUSTION AND OTHER MEDICAL COMPLICATIONS OF EXERCISE	Theodore B. Berndt, MD
4:00 pm	PANEL DISCUSSION	
4:45 pm	Adjournment	

Registration: $100 NSMA nonmembers $75 members Approved for 7 hours Category 1 credit

Out-of-town physicians who are not members of the NSMA official family will be housed at Harrah's Reno.
For **room reservations,** contact Harrah's Reno directly (702) 329-4422.
For **further information about the meeting,** contact NSMA (702) 825-6788.



IN THE LOS ANGELES AREA, STAPH RESISTANCE HAS NOW REACHED 80%.*

*resistance to penicillin G among community-acquired staph infections. Data on file, Bristol Laboratories

WHEN YOU CAN'T RULE OUT STAPH, CONSIDER

TEGOPEN®
(cloxacillin sodium)

..."THE PENICILLIN OF TODAY"

- **Effective against nonpenicillinase-producing staphylococci, beta-hemolytic streptococci, and pneumococci.†**

†NOTE: The choice of Tegopen should take into consideration the fact that it has been shown to be effective only in the treatment of infections caused by pneumococci, Group A beta-hemolytic streptococci, and penicillin G-resistant and penicillin G-sensitive staphylococci. If the bacteriology report later indicates that the infection is due to an organism other than a penicillin G-resistant staphylococcus sensitive to cloxacillin sodium, the physician is advised to continue therapy with a drug other than cloxacillin sodium or any other penicillinase-resistant semisynthetic penicillin. The clinical significance of *in vitro* data is unknown.

- **10 times more active against strep than staph.**
- **Well absorbed from the G.I. tract.‡**

‡Maximum absorption occurs when Tegopen is taken on an empty stomach, preferably 1-2 hrs. before meals.

Please see brief summary for prescribing information.

Before prescribing, please consult complete product information, a summary of which follows:

The effectiveness of Valium (diazepam) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindications: Tablets in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms (similar to those with barbiturates, alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal muscle cramps, vomiting, sweating). Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

ORAL: Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

INJECTABLE: *To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V.: inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.*

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3; administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs.

Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status.

Withdrawal symptoms (similar to those with barbiturates, alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal muscle cramps, vomiting, sweating). Keep addiction-prone individuals under careful surveillance because of predisposition to habituation dependence. Not recommended for OB use.

Efficacy/safety not established in neonates (age 30 days or less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

Precautions: If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated).

INJECTABLE: Although promptly controlled, seizures may return; readminister if necessary; not recommended for long-term maintenance therapy. Laryngospasm, increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic; have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly debilitated.

Adverse Reactions: Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug.

Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam) therapy and are of no known significance.

INJECTABLE: Venous thrombosis, phlebitis at injection site, hypoactivity, syncope, bradycardia, cardiovascular collapse, nystagmus, urticaria, hiccups, neutropenia.

In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm, pain in throat or chest have been reported.

Management of Overdosage: Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, I.V. fluids, adequate airway. Use levarterenol or metaraminol for hypotension; caffeine and sodium benzoate for CNS-depressive effects. Dialysis is of limited value.

Supplied: Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. Tel-E-Dose® (unit dose) packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10. Prescription Paks of 50, available singly and in trays of 10. Ampuls, 2 ml, boxes of 10. Vials, 10 ml, boxes of 1. Tel-E-Ject® (disposable syringes), 2 ml, boxes of 10. Each ml contains 5 mg diazepam, compounded with 40% propylene glycol, 10% ethyl alcohol, 5% sodium benzoate and benzoic acid as buffers, and 1.5% benzyl alcohol as preservative.

ROCHE

Roche Laboratories
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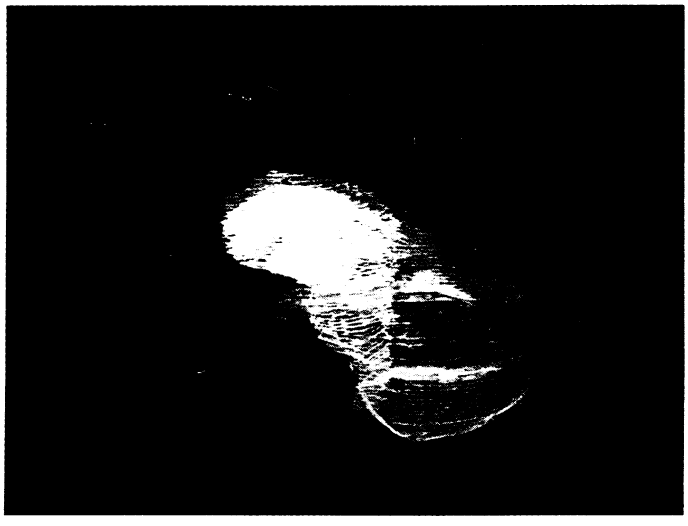
Nutley, New Jersey 07110

ONLY VALIUM® (diazepam) GIVES YOU THIS CHOICE OF DOSAGE FORMS AND FLEXIBILITY



PSYCHOTHERAPEUTIC

SKELETAL MUSCLE RELAXANT

ONLY VALIUM® (diazepam) IV©

HAS THESE TWO DISTINCT EFFECTS

Please see preceding page for a summary of product information. ROCHE